



Dkt. 2271/45006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of : Takuro SEKIYA

Serial No. : 08/162,650

Group Art Unit: 2108

Date Filed : December 6, 1993

Examiner: N. Le

For : INKJET RECORDING HEAD
ADAPTED FOR IMPROVED
PRECISION OF MOUNTING

1185 Avenue of the Americas
New York, N.Y. 10036

Assistant Commissioner for Patents
Box AF
Washington, D.C. 20231

Sir:

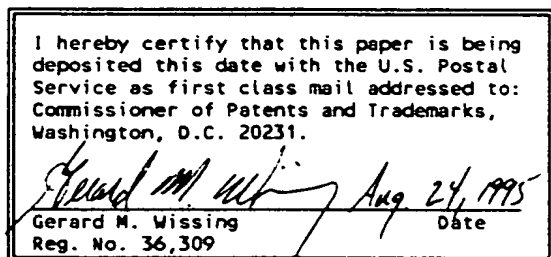
PETITION FOR EXTENSION OF TIME

It is respectfully requested that the period for filing a response to the final Office Action dated April 26, 1995 be extended by one month, i.e. from July 26, 1995 to August 26, 1995.

Enclosed is a check for the \$110 statutory extension fee for filing a response within the first month pursuant to 1.136(a) by other than a small entity.

The Commissioner is authorized to charge any additional fees, or credit any overpayment, to our Deposit Account No. 03-3125.

Respectfully submitted,



Gerard M. Wissing
GERARD M. WISSING
Registration No. 36,309
Attorney for Applicant
Cooper & Dunham LLP
Tel.: (212) 278-0400

Applicant SEKIYA S.N. 08/162,650

Client Ricoh File No. 2271/45006 Atty. ISK

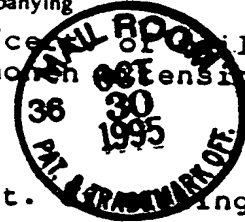
Date October 25, 1995

Kindly acknowledge receipt of the accompanying

Petition for Extension of Time w/cert. of filing
and ck. for \$790 additional two-month extension
fee

DATE DUE: ^{August} ~~October~~ 26, 1995

Notice of Change of Address w/cert. of filing



by placing your receiving date stamp hereon and returning to us.

COOPER & DUNHAM LLP
PTO ACCOUNT
1185 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

MEMORANDUM		
DATE	TO	FROM
11/15/95	ASAC	

1-108
210

P 22397

MARINE MIDLAND BANK N.A.
FIFTY SECOND STREET OFFICE
NEW YORK, N.Y.

PAY **\$790.000**

DOLLARS

TO THE ORDER OF		CHECK NUMBER
COMMISSIONER OF PATENTS AND TRADEMARKS		790 000 1101

John M. Maioli

⑈022397⑈ ⑆021001088⑆ 011-77924-1⑈

⑈0000079000⑈

6 NO '95 22 6
0212-0400-5
6 0212-0400-5 6

NOV 20 1995

Patent and Trademark Office
1000-01-1
021001088

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 4-24-96

2 Serial/Patent # 08/547,904

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/> Petition	3	2-5-96	\$ 130.00
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$

7 TOTAL AMOUNT OF REFUND \$ 130.00

8 TO BE REFUNDED BY:

10 REASON:

☐ Overpayment

☐ Duplicate Payment

☒ No Fee Due (Explanation):

PTO error

Treasury Check

☒ Credit Deposit A/C #:

9 03123125

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: End Silverberg

TITLE: Senior Legal Advisor

SIGNATURE: End Silverberg

PHONE: 305-9202

OFFICE: ORCA

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: Barney C. Herrigan

DATE: 14 May 96

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

INSTRUCTIONS FOR USING REQUEST FOR PATENT FEE REFUND FORMS
[FORM NUMBER PTO-1577]

Fill out the form completely, and print or type all information.

1. **DATE OF REQUEST:** Enter the date you fill out the form.
2. **SERIAL/PATENT #:** Enter the Serial or Patent Number.
3. Enter a check mark or an X in the box preceding the type of fee to be refunded. If the fee you are refunding is not listed, place a check mark or an X in the box preceding "Other _____" and print or type the fee type on the following blank line.
4. **PAPER NUMBER:** Enter the **PAPER NUMBER** of the document for which a refund is requested. [PAPER NUMBER refers to the sequential number (on the outside of the official file wrapper) assigned to the document. If the document has no number assigned to it, you may leave this box blank.]
5. **DATE FILED:** Enter the Mailroom Date of the document for which a refund is requested.
6. **AMOUNT:** Enter the dollar amount of the refund.
7. **TOTAL AMOUNT OF REFUND:** Add the dollar amounts in the column labeled **AMOUNT** and enter the total in the box.
8. **TO BE REFUNDED BY:** Enter a check mark or an X in the box preceding **TREASURY CHECK OR CREDIT DEPOSIT A/C #** to indicate how the refund is to be made. Requests to credit a Deposit Account must be accompanied by formal authorization to credit the account. Formal authorization to credit a deposit account consists of a copy of the signed statement by the owner of the Deposit Account granting the Commissioner permission to credit their account, stamped with the **FEE ACCOUNTABILITY STAMP** with the amount of the refund circled.
9. **DEPOSIT ACCOUNT NUMBER:** If refund is by credit to a Deposit Account, enter the Deposit Account Number.
10. **REASON:** Enter a check mark or an X in the box preceding the reason the refund is being requested. If there is no fee due, enter the reason on the 3 blank lines provided.
11. **REFUND REQUESTED BY:** Only PTO personnel formally authorized to request refunds should enter their **NAME, TITLE, PHONE NUMBER, OFFICE** and **SIGNATURE** on these blanks. Supervisors shall provide the Office of Finance with an advance list of personnel authorized to sign this form.

COPIES:	WHITE:	<i>Attach to the official file.</i>
	YELLOW:	<i>Attach to the official file.</i>
	PINK:	<i>Retain for originating office.</i>

Mail or hand-carry the completed form with attachment(s) to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

BEST AVAILABLE COPY